STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES

APPLICATION FOR A LICENSE TO OPERATE A DAY CARE/NIGHTTIME CENTER

☐ First Application	Application for Renewal
In accordance with Title 38, Chapter 7, for a license to operate a:	Code of Alabama 1975, application is hereby made
Name of Applicant (Individual or Corporation):	
Social Security Number of Applicant (if an individua	al):
Federal Tax Identification Number (if applicable): _(NOTE: Social Security Number or Federal Tax IaRules for identification purposes.)	lentification Number is required by the Department's Administrative
Address of Applicant:(Number and Street)	
(Number and Street)	(City) (State) (Zip Code) (County)
Telephone Number of Applicant: _()	
Name of Center:	
Address of Center:	
(Number and Street)	(City) (State) (Zip Code) (County)
Telephone Number of Center: _()	
Name of the director of the center:	
Name and title of the person with the authority to sig	gn the application for a license:
Name:	Title:
Address:	Telephone Number: _()
	authority to work with the Department Representative: Title:
Address.	Telephone Number: ()

I. **ADMINISTRATION**

A.	Center Operations
	1. Attach a copy of the center's written operating policies if this is the center's first application
	or if there have been any changes in the operating policies since the last application.
	2. Attach policies regarding charges and services.
	3. What age children will the center serve?
	4. What hours will the center be open each day?
	a.m./p.m. to a.m./p.m.
	5. What days will the center be open each week?
	6. What months will the center be open each year?
	7. Who will be in charge when the Director is not in the center?
	Name: Title:
B.	Organization
	If incorporated:
	1. Attach the name, address, and telephone number of the Board Chairman or President of the
	Corporation.
	2. Attach the names, addresses, and telephone numbers of the Executive Board members.
	3. Attach a copy of the incorporation papers.
	4. Attach a copy of the by-laws and constitution, if applicable.
C.	Personnel
	1. Is required information for staff on file in the center? Yes \square No \square
	(See Minimum Standards, Section II., E., 5., b., for requirements.)
	2. List staff and give information requested on attached staff information sheet.
	3. Complete attached staff schedule sheet and attach.
FAC	CILITY
A.	Attach most recent fire department inspection report.
B.	Attach most recent health department inspection report.
C.	Attach most recent health department approval of catering plan if food is to be catered.
D.	Attach a floor plan of the center (for first applications and renewal applications if changes have been made in the building).
E.	Have outdoor fencing requirements been met? Yes □ No □
	(See Minimum Standards, Section II., C., 4., for requirements)
F.	Bathroom facilities available to the children
	1. Number of flush toilets
	2. Number of handwashing sinks
	3. Handwashing sink with warm running water in each diapering area?
G.	Is required equipment in the center? Yes □ No □
	(See Minimum Standards, Section II., H., 1 through 6, for requirements.)
AGI	REEMENT

III.

II.

I hereby agree that if I am issued a license or permit or renewal of a license to operate a day care/nighttime center for children, I will:

- A. Maintain standards prescribed and published by the Department;
- B. Adhere to the provisions of the license or permit issued;
- Not furnish or make any misleading or any false statements or reports to the Department; C.
- Submit to the Department any reports or make available to the Department any records required by the D. Department in making an investigation for licensing purposes;

- E. Submit to investigation by the Department;
- F. Admit authorized representatives of the Department at any reasonable time for the purpose of investigation;
- G. Provide, maintain, equip and keep in safe and sanitary condition the premises established or used for child care as required under standards prescribed by the Department, or otherwise required by any law, regulation or ordinance applicable to such facility;
- H. Display the license or permit; and
- I. Maintain financial resources adequate for the satisfactory care of children served in regard to upkeep of premises and provisions for personal care, medical services, clothing, learning experience and other essentials in the proper care, rearing and training of children.

/	
Signature of applicant	date

IV. NOTICE OF PENALTY FOR FALSE STATEMENTS

In accordance with Title 38, Chapter 7, Section 16, <u>Code of Alabama 1975</u>, any person, group of persons, association or corporation who makes materially false statements in order to obtain a license or permit shall be guilty of a misdemeanor and shall be fined not less than \$100.00 nor more than \$1,000.00 or be imprisoned in the county jail not longer that one year, or both, and, in case of an association or corporation, imprisonment may be imposed upon its officers who knowingly participated in the violation. Understanding the penalties for false statements, I attest that the statements in this application are true and correct, to the best of my knowledge and belief.

V. BACKGROUND INFORMATION:

A.	Child Care: Have you ever applied for or held any license or approval or been registered or certified to operate a child care facility of any kind in any county, state, or country? If yes, give details.

B. Criminal History Background Information Checks:

In accordance with Alabama Law, (Act 200-775, effective November 1, 2000, a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

If this is your first application, you must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The cost for the criminal history check is \$49, (cashier's check or money order, no personal checks). The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources or the Department of Education and the required information is on file, it is not necessary to complete a criminal history check at the time of application for renewal.

C.	Current Criminal Charges:
	A 41 1 1

Are there any current criminal	charges against you?	
If yes, give details.		

D. Clearance of State Central Registry on Child Abuse/Neglect:

At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each applicant for a license or approval to operate a child care center. The applicant shall obtain a completed request for clearance of the State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.

VI. CERTIFICATION AND SIGNATURE

This application shall be signed by the applicant/owner/licensee or by his/her authorized designee if the applicant/owner/licensee is an individual. If the applicant/owner/licensee is a corporation, written verification from the corporation that the person signing the application has the authority to do so shall be indicated on the first page of the application form. The original application form must be submitted. Copies of the application form or application forms received by FAX cannot be accepted.

NOTE: The application for renewal of a license shall be submitted at least 30 calendar days prior to the expiration of the current license.

	/
Signature	Date

Return the completed application form and any attachments to the Alabama Department of Human Resources at the address below:

Alabama Department of Human Resources Office of Child Care Licensing Child Care Services Division 50 Ripley Street Montgomery, AL 36130-4000

Staff Information Sheet

Name	Age	Position	Education (highest level completed)	Number of years in child care	Number of hours worked per week

STAFF SCHEDULE SHEET

List the name and position (job title) of each staff person. If a staff person performs more than one job, list each separately. Mark the hours spent on each job.

NAME/POSITION A.M. P.M.

	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	Hours
Example:																									7:00-
Mary Jones/Director																									3:00
Example:																									6:00-
Jane Smith/Cook																									1:00
Ex: Jane Smith/Child																									1:00-
Care Worker/3 yr old's																									2:00